Telecommunications Carriers AUTHORIZED UTILITY REPRESENTATIVE FORM								
CERTIFICATED COMPANY INFORMATION								
Company Name: Crown Castle Fiber LLC				FEIN/SSN:				
DBA/FKA:				Telephone # 724-416-2000				
Mailing Address: 2000 Corpor	ate Drive							
City: Canonsburg		State: Pennsylvania		ZIP Code: 15317				
ILEC	IXC X		CLEC X		Wireless ETC			
REGISTERED AGENT INFORMATION								
Registered Agent: C T Corpor	ation System							
Mailing Address: 2 Office Park	Court, Suite 1	03						
City: Columbia		State: South Carolina		ZIP Code: 29223				

As required by Commission rules and regulations Print or type company contact person and contact information for the areas listed below:

	UTILIT	Y REPRESENTATIVE INFORMATI	ON	
General Manager				
Name: James D. Young, Senior V	ice President	and Chief Operating Officer Fiber		
Address: 2000 Corporate Drive				
City: Canonsburg		State: Pennsylvania	ZIP Code: 15317	
Phone: 724-416-2000	Email: PUC	C.Correspondence@crowncastle.com	Fax: 978-264-6170	
Emergency Contact – Non	Office Hou	ırs		
Name: Fernanda Biehl, Manager,	Regulatory A	ffairs - Fiber		
Phone: 403-434-8533	Email: PUC	C.Correspondence@crowncastle.com	Fax: 703-434-8510	
Customer Relations/Comp	laints Rep			
Name: Ravindra Harcharan, Senio	or Vice Preside	ent of Customer Operations Fiber Solution	ns	
Address: 80 Central Street				
City: Boxborough		State: Massachusetts	ZIP Code: 01719	
Phone: 312-506-1751	Email: ravindra.harcharan@crowncastle.com		Fax: 312-506-0931	
Complaints Rep for Complaints	aint Escala	tion		
Name: Ravindra Harcharan, Senio	or Vice Preside	ent of Customer Operations Fiber Solution	ns	
Address: 80 Central Street				
City: Boxborough		State: Massachusetts	ZIP Code: 01719	
Phone: 312-506-1751	Email: ravindra.harcharan@crowncastle.com		Fax: 312-506-0931	
Customer Toll Free Contac	t Number:	1-888-583-4237		
Engineering Operations				
Name: Ravindra Harcharan, Senic	or Vice Preside	ent of Customer Operations Fiber Solution	ns	
Address: 80 Central Street				
City: Boxborough	State: Massachusetts		ZIP Code: 01719	
Phone: 312-506-1751	Email: ravi	ndra.harcharan@crowncastle.com	Fax: 312-506-0931	
Test and Repair				
Name: Ravindra Harcharan, Senic	or Vice Preside	ent of Customer Operations Fiber Solution	ns	
Address: 80 Central Street				
City: Boxborough		State: Massachusetts	ZIP Code: 01719	
Phone: 312-506-1751	Email: ravi	ndra.harcharan@crowncastle.com	Fax: 312-506-0931	

	UTILITY REPRESENTATIVE INFORMA	IION	
egulatory Officer			
ame & Title: Fernanda Bi	ehl, Manager, Regulatory Affairs - Fiber		
Idress: 2000 Corporate Dr	ive		
ty: Canonsburg	State: Pennsylvania	ZIP Code: 15317	
one: 703-434-8533	Email: PUC.Correspondence@crowncastle.com	Fax: 703-434-851	
nual Report Form M	ailings		
ie & Title: Fernanda Bi	ehl, Manager, Regulatory Affairs - Fiber		
Iress: 2000 Corporate Dr	ive		
/: Canonsburg	State: Pennsylvania	ZIP Code: 15317	
ne: 703-434-8533	Email: PUC.Correspondence@crowncastle.com	Fax: 703-434-8510	
l Party Invoice Ma	ilings		
e & Title: Fernanda Bi	ehl, Manager, Regulatory Affairs - Fiber		
ess: 2000 Corporate Dr	ive		
: Canonsburg	State: Pennsylvania	ZIP Code: 15317	
e: 703-434-8533	Email: PUC.Correspondence@crowncastle.com	Fax: 703-434-8510	
ersal Service Fund	l Mailings		
e & Title: Fernanda Bie	ehl, Manager, Regulatory Affairs - Fiber		
ess: 2000 Corporate Dr	ive		
Canonsburg	State: Pennsylvania	ZIP Code: 15317	
e: 703-434-8533	Email: PUC.Correspondence@crowncastle.com	Fax: 703-434-8510	
Receipts Mailing	ıs .		
e & Title: Fernanda Bie	ehl, Manager, Regulatory Affairs - Fiber		
ess: 2000 Corporate Dri	ve		
Canonsburg	State: Pennsylvania	ZIP Code: 15317	
e: 703-434-8533	Email: PUC.Correspondence@crowncastle.com	Fax: 703-434-8510	
ine Contact	=		
& Title: Fernanda Bie	ehl, Manager, Regulatory Affairs - Fiber		
ess: 2000 Corporate Dri			
Canonsburg	State: Pennsylvania	ZIP Code: 15317	
ne: 703-434-8533	Email: PUC.Correspondence@crowncastle.com	Fax: 703-434-8510	

FORM PREPARER INFORMATION				
This form wa	s completed by: Michelle S	Salisbury *		
Signature:	Michelle.	Laber Lung		
Title: Senior Paralegal		J	Date: 12/05/2018	

RETURN COMPLETED FORM TO:

Public Service Commission of SC Docketing Department

101 Executive Center Drive, Suite 100

Columbia, SC 29210

Office of Regulatory Staff

AND Attn. Kari Munn

1401 Main Street, Suite 800

Columbia, SC 29201